

Request for Site Change Form

☐ New Site☐ Closed Site☐ Change

District Name	
School Name	
BEDS#	
Grade Level	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	
Textbook Coordinator	
Principal	
Email Address	

SDE Use Only

Username	
Password	
Destiny Customer Number	
Site Added to Destiny <input type="checkbox"/>	
Emailed Username/Password to DTC <input type="checkbox"/>	
Updated Password File <input type="checkbox"/>	

(Signature)

(Date)